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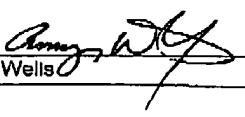
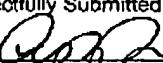
CENTRAL FAX CENTER

FEB 04 2008

In re application of: Murugesh et al.	Group No: 1763
Application No: 10/797,286	Examiner: Rakesh K. Dhingra
Confirmation No: 2984	Attorney Docket No: 006477 USA/CPS/IBSS/HM
Filed: March 9, 2004	February 4, 2008
Title: GAS DISTRIBUTOR HAVING DIRECTED GAS FLOW AND CLEANING METHOD	San Francisco, CA 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months) <input checked="" type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee	
		Large Entity	Small Entity
		\$120.00	\$60.00
		\$460.00	\$230.00
Total \$ 120.00			
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	21	0	\$50.00	\$25.00	\$0.00
Independent Claims	3	4	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims				\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$ 0.00

Fee Payment		Fee Deficiency
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Extra Claims	\$0.00	
RCE Fee	\$0.00	
Total	\$120.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of: \$120.00.		Please direct all telephone calls to: Ashok K. Janah et (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (571)273-8300 on the date shown below.		
By:  Amy Wells		Respectfully Submitted, By:  Ashok K. Janah Registration No. 37,487
Date: <u>February 4, 2008</u>		Date: <u>February 4, 2008</u>

02/05/2008 VBUI11 00000048 100258 10797286

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